PTO/SB/06 (08-03) Approved for use through 7/31/2006. OMB 0651-0032

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	PA	ass it displays a valid OMB control number.								
Substitute for Form PTO-875 UI/8Y 9, 7-80										
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL	SMALL ENTITY		OTHER THAN SMALL ENTITY	
FOR NUMBER FIL			BER FILET	IMUN C	BER EXTRA	DAYE	500	7		
BASIC FEE (AZ CER 1.10 VI)		4	E		1	RATE	FEE	-{	RATE	FEE
Testas, Grand							1		<u> </u>	
INDEPENDENT CLAIMS				X \$=		OR	X. S =			
(37	7 CFR 1.16(b))		minus	3 = .		=	1	OR	x s, =	
MI	JUTIPLE DEPEND	ENT CLAIM PRESE	NT .	(37 CFR 1.16(d))	4· š =		1			
. 11	If the difference in column 1 is tess than zero, enter "0" in column 2.							OR	TOTAL	
CLAIMS AS AMENDED - PART II										
		(Column 1)		(Column 2)	(Column 3)	SMALL	ENTITY	OR		R THAN ENTITY
⋖	d16.81	CLAIMS REMAINING		HIGHEST NUMBER	PRESENT]		LIVITI
AMENDMENT	8714	AFTER AMENDMENT	<u> </u>	PREVIOUSLY PAID FOR		RATE	ADDI- TIONAL FEE	1	RATE	ADDI- TIONA!, ≸EE
20 0	Total (37 CFR 1 16(d)) Independent	20	Minus	20	=	x \$=		OR	X \$=	1
单	(37 CFR 1.16(b))	3	Minus	3		X \$=		OR	X \$ =	/
ব	FIRST PRESEN	TATION OF MULTIPL	E DEPENO	DENT CLAIM (37 C	FR 1.16(d))	+\$ =	/	OR	+5	
						TOTAL ADD'L FEE	1	OR	TOTAL ADD'LFEE	
		(Column 1)		(Column 2)	(Column 3)	'		•	7	
В		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT		·			
F		AFTER AMENDMENT		PREVIOUSLY	EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
ME	Total	*	Minus	PAID FOR	=		FEE			FEE
2	(37 CFR 1.16(c)) Independent	•	Minus	***	=	X \$=		OR	X \$=	
AMENDMENT	(37 CFR 1.16(b))					X \$=		OR	x \$=	
⋖	FIRST PRESENT	TATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CF	FR 1.16(d))	+ s =		OR	+5 =	
			_			TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)					i
ENT C		CLAIMS REMAINING AFTER AMENDMENT	i	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
ME	Total (37 CFR 1.16(c))	•	Minus	**	=		FEE			FEE
밁	Independent	•	Minus	•••	=	X \$=		OR	x s=	
AMENDMEN	(37 CFR 1.16(b))			l	L	x s =		OR	x \$=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$ =		OR	+ \$ =	
								OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2 write "0" in column 3										
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".										

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.